

MST200 _____



City of Santa Barbara ZONING LETTER APPLICATION

Date: _____

Fee: _____

Staff: _____

SUBJECT ADDRESS(ES) _____

A.P.N. _____ ZONE _____

OWNER OF PROPERTY: _____

ADDRESS _____

PERSON TO CONTACT REGARDING THIS APPLICATION:

OWNER/AGENT NAME: _____ PHONE: _____

BUSINESS NAME _____ ADDRESS _____

ADDRESSEE OF LETTER (IF DIFFERENT THAN ABOVE) _____

SPECIFIC REQUEST(S) _____

SITE DESCRIPTION:

General Site Description _____

Lot Dimensions: _____ ft. x _____ ft. Lot Area _____ No. of buildings _____

Parking Spaces: Covered _____ Uncovered _____ Total _____

BUILDING 1: Address _____

Floor #	Suite #	Tenant / Business Name	Use or Occupancy Type	Square Feet	# of Bedrooms
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

BUILDING 2: Address _____

Floor #	Suite #	Tenant / Business Name	Use or Occupancy Type	Square Feet	# of Bedrooms
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

PLEASE PROVIDE DATA FOR ADDITIONAL BUILDINGS ON A SEPARATE SHEET.

FAX SUBMITTALS

FAX: (805) 897-1904
PHONE: (805) 564-5470

U. S. MAIL DELIVERIES

P. O. BOX 1990
SANTA BARBARA, CA 93102-1990

FRONT DOOR MAIL SLOT or PLANNING COUNTER

630 GARDEN STREET

FEES WILL BE CALCULATED AND ASSESSED UPON COMPLETION OF THE REQUESTED ZONING LETTER.

\$130.00 PER HOUR x _____ HOURS = \$ _____ TOTAL (A 2-hour minimum charge is required as a deposit.)

(Cashier to detach along dotted line)

TOTAL FEE \$ _____

CHECK NUMBER (If Applicable) _____

CARD TYPE (CHECK ONE): ☐ VISA ☐ MASTERCARD

CARD HOLDER NAME (PLEASE PRINT): _____

ACCOUNT NUMBER: _____ CARD EXPIRATION DATE: _____

CARD APPROVAL NUMBER: _____ Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the card issuer.

CARD HOLDER SIGNATURE HERE: _____